PTO/SB/17 (12-04)
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FEE TRANSMITTAL FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 120.00  Attorney Docket No.  MWS-065  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order No.  Deposit Account Deposit Account Number 12.0080  Deposit Account Deposit Account Number 12.0080  Charge fee(s) indicated below	Complete if Known						
FIGURE FOR Y 2005    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   At Unit   2126     TOTAL AMOUNT OF PAYMENT   (\$) 120.00   Attorney Docket No.   MWS-065	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		001071070 0 1 10 177				
FIRST Named Inventor   Mellssa J. PIKE   Examiner Name   P. N. HOANG	FFF TRANS	MITTAL	Filing Date				
Application small entity status. See 37 CFR 1.27  Art Unit 2126  TOTAL AMOUNT OF PAYMENT (\$) 120.00  Attorney Docket No. MWS-065  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated be			First Named Inventor		E		
METHOD OF PAYMENT (check all that apply)	FOR FY 2	<u> </u>	Examiner Name	P. N. HOANG			
Check	Applicant claims small entity sta	tus. See 37 CFR 1.27					
Check	TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No.	MVVS-065			
X   Deposit Account   Deposit Account, Number:   12-0/80   Deposit Account Name:   Lahive & Cockfield, LLP	METHOD OF PAYMENT (check	all that apply)					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   x   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for fee(s)   Fee	Check Credit Card	Money Order No	one Other (please i	dentify):			
X   Charge fee(s) indicated below, except for the filling fee   X   Charge any additional fee(s) or any underpayment of   X   Credit any overpayments	X Deposit Account Deposit Ac	count Number: 12-0080	Deposit Account Name:	Lahive & Cod	ckfield, LLP		
Charge any additional fee(s) or any underpayment of   x   Credit any overpayments	For the above-identified dep	osit account, the Director	is hereby authorized to: (	check all that apply)			
FEE CALCULATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   Fee	x Charge fee(s) indicate	d below	Charge fee(s	) indicated below, ex	cept for the filing fee		
Tele CALCULATION	Charge any additional	fee(s) or any underpayme	ent of x Credit any ov	erpayments			
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Fill NG FEES   Small Entity   Fee (\$)   Fee		YAMINATION FEES		<u> </u>			
Symall Entity   Fee (\$)   Fee (\$)			ARCH FEES EXA	MINATION FEES			
Utility   300   150   500   250   200   100		Small Entity	Small Entity	Small Entity	Easa Daid (A)		
Design   200   100   100   50   130   65					rees Paid (\$)		
Plant	ount,						
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  55 -55 = x = =  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 1251 Extension for response within first month  Registration No. (Attorney/Agent) 35,470 Telephone (617) 227-7400	2 00.5		_				
Provisional   200   100   0   0   0   0   0   0   0   0							
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 30 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  Each claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)		***					
Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Samplication size fee due is \$250 (\$125 for small entity)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$)  Fee (\$) Fee	11011011111	100	0	0 0	0		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each claim over 20 or, for Reissues, each independent claim more than in the original patent  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  5							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  See Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  See Paid (\$)  See Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee (\$)  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Fee Paid (\$)		each claim over 20 and	more than in the original	natent			
Multiple dependent claims  Total Claims 55 -55 = x = =	Each independent claim over 3 or	for Reissues each indepe	ndent claim more than in	the original patent			
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    5	-	tor recissues, each mappe		P			
Indep. Claims	• •	Fee (\$) Fee	Paid (\$)	Multiple Depende	ent Claims		
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  5					<del></del>		
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 1251 Extension for response within first month 120.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 35,470 Telephone (617) 227-7400							
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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof  - 100 =	3. APPLICATION SIZE FEE						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 1251 Extension for response within first month 120.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 35,470 Telephone (617) 227-7400	If the specification and drawings	exceed 100 sheets of paper	r, the application size fee	due is \$250 (\$125	for small entity)		
- 100 =					Eee Paid (\$)		
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: 1251 Extension for response within first month  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  35,470 Telephone (617) 227-7400	l ————				- <u>ree Palu (\$)</u>		
Non-English Specification, \$130 fee (no small entity discount)  Other: 1251 Extension for response within first month  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  35,470 Telephone (617) 227-7400			(round <b>up</b> to a whole hum	Uei) X	Fees Paid (\$)		
Other: 1251 Extension for response within first month 120.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 35,470 Telephone (617) 227-7400							
SUBMITTED BY Signature  Registration No. (Attorney/Agent)  35,470  Telephone (617) 227-7400					400.00		
Signature Registration No. (Attorney/Agent) 35,470 Telephone (617) 227-7400	Other. 1231 Extension for response within motified 120.00						
Signature (Attorney/Agent) 35,470 Telephone (617) 227-7400	SUBMITTED BY						
	Signature Kuu- J			Telephone	(617) 227-7400		
	Name (Print/Type) Kevin J. Canning	9		Date	December 23, 2004		
					• .,		

I hereby certify that this corresponde in an envelope addressed to: MS A	ence is being deposit mendment, Commiss	ed with the U.S. Postal Service as sioner for Patents, P.O. Box 1450,	Express Mail, Airbill No. EV 419928946 US Alexandria, VA 22313-1450, on the date
shown below.		New 10	
Dated: December 23, 2004	Signature:	Ken J.C	(Kevin J. Canning)

PTO/SB/22 (12-04)
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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005	of information unless if displays a valid OMB control number.  Docket Number (Optional)  MWS-065					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 09/954872-Conf. #8475	Filed Sep	tember 18, 2001				
For COMMUNICATION SYSTEM						
Art Unit 2126	Examiner	P. N. HOANG				
This is a request under the provisions of 37 CFR 1.136(a) to extend the identified application.  The requested extension and fee are as follows (check time period desired).						
Fee	Small Entity Fee					
X One month (37 CFR 1.17(a)(1)) \$120	\$60	\$ 120.00				
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$				
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$				
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$				
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$				
A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet.						
applicant/inventor.  assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed.  attorney or agent of record. Registration Number	. (Form PTO/SB/96)	).				
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34	33,470					
Signature	December 23, 2004  Date					
Kevin J. Canning	(617) 227-7400					
Typed or printed name		one Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repretation one signature is required, see below.	esentative(s) are required. S	Submit multiple forms if more				
Total of 1 forms are submitted.						

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419928946 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 23, 2004

Signature:

(Kevin J. Canning)